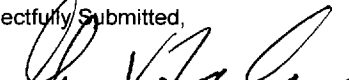


In re application of: Weers et al.	Group No: 1616
Application No: 10/616,448	Examiner: Arnold, Ernst V
Confirmation No. 1036	Attorney Docket No: 53281-US-CNT[2] (NV.103.11)
Filed: July 8, 2003	January 25, 2010
Title: PHOSPHOLIPID-BASED POWDERS FOR INHALATION	San Francisco, CA 94107

Mail Stop Appeal Briefs-Patents Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Extension of Time <input checked="" type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136		
Via EFS <input checked="" type="checkbox"/> Response to Non-Final Office Action <input type="checkbox"/> Comments on Statement of Reasons for Allowance <input type="checkbox"/> Appeal Brief <input type="checkbox"/> Drawings <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> PTO-SB/08 Form <input type="checkbox"/> Citations <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Postcard for Return	Extension (Months)	Extension Fee	
		Large Entity	Small Entity
	<input checked="" type="checkbox"/> One Month	\$130.00	\$65.00
	<input type="checkbox"/> Two Months	\$490.00	\$245.00
	<input type="checkbox"/> Three Months	\$1,110.00	\$555.00
	Total \$ 130.00		

Fees for Extra Claims						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee
				Large Entity	Small Entity	
Total Claims	22	23	0	\$52.00	\$26.00	\$0.00
Independent Claims	3	3	0	\$220.00	\$110.00	\$0.00
Multiple Dependent Claims			0	\$390.00	\$195.00	\$0.00
Total						\$0.00

Fee Payment		Fee Deficiency	
Extension Fee	\$130.00	<input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. <u>10-0258</u> .	<input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. <u>10-0258</u> .
Appeal Brief	\$0.00		
Total	\$130.00		

<input type="checkbox"/> Attached is check no. _____ in the sum of \$0.00. <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>10-0258</u> in the sum of \$130.00. <u>CERTIFICATE OF TRANSMISSION (37 C.F.R. ' 1.8a):</u> I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450; facsimile transmitted to the U.S. Patent Office at (571) 263-8300; or electronically submitted via EFS on the date shown below: By: <u>Melanie Hitchcock</u> Date: <u>January 25, 2010</u> Melanie Hitchcock	Please direct telephone calls to: Guy V. Tucker at (415) 538-1555 Please send correspondence to: NOVARTIS Corporate Intellectual Property One Health Plaza 104/3 East Hanover, NJ 07936-1080 Respectfully Submitted,  By: <u>Guy V. Tucker</u> Date: <u>January 25, 2010</u> Guy V. Tucker Registration No. 45,302
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